## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) CSO DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD: October / 2013 NO. CSO DISCHARGES OCCURRED: 0

## MONTH / YEAR

NAME: C	ITY OF MATT	OON WWTP	PERMIT NUMBER: IL0029831				
ADDRESS	<b>8:</b> 820 S. 5 <sup>TH</sup>	PLACE	CERTIFIED MAIL EDMR CSO				
CITY: MATTOON STATE: ILLINOIS			<b>ZIP CODE:</b> 61938 <b>TELEPHONE:</b> (217) 234-6828				
RAIN ESTIMATED		ESTIMATED	CSO OUTFALLS THAT DISCHARGED:		ESTIMATED		
EVENT START DATE:	ART OF EVENT	AMOUNT OF RAINFALL (IN INCHES):	OUTFALL NUMBER:	OUTFALL DESCRIPTION:	DURATION OF CSO DISCHARGE (IN HOURS);		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMNED AND AM FAMILIAR WITH THE		DATE		
TIM GOVER	INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILTY OF FINE AND IMPRISONMENT. SEE 18 USC \$ 1001 AND 33 USC \$ 1319 (Penalties under		11	05	13
TYPED OR PRINTED	these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	МО	DAY	YEAR

This Agency is authorized to require this information under Illinois Revised Statutes, 1991, Chapter 111 ½, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied. This form has been approved by the Forms Management Center.

PAGE

1

OF

1